

	Healthcare FSA	Dependent Care FSA
Maximum Annual Contribution	\$6,000	If single, the lesser of the Participant's earned income for the year or \$5000. If married, the lesser of the Participant's or the Spouse's earned income for the year or \$5000 if filing jointly, \$2500 if filing separately.
Special Rule if Spouse is Full-time Student	Not applicable	For each month during which spouse is a full-time student, spouse shall be considered to be gainfully employed and earning income of not less than \$250 a month (\$3000 a year) if there is one Eligible Dependent, or \$500 a month (\$6000 a year) if there are two or more Eligible Dependents.
Special Rule if Spouse is Incapable of Self-Care.	Not applicable	For each month during which spouse is incapable of caring for him/herself, spouse shall be considered to be gainfully employed and earning income of not less than \$250 (\$3000 a year) if there is one Eligible Dependent or \$500 (\$6000 a year) if there are two or more Eligible Dependents.
Minimum Monthly Contribution (note: to accommodate bi-weekly payroll, monthly contribution must be an even number, payroll will round down odd contributions)	\$10	\$10
Positive Election Required	Employee must make a new election each Plan Year. A currently participating employee who fails to re-enroll during Open Enrollment will NOT be covered.	Same as Health Care FSA
Irrevocability Rule	Annual Elections are irrevocable and cannot be changed after the beginning of the plan year except as specifically provided in the State's Salary Reduction Plan Document, in accordance with federal Section 125 regulations. See Exceptions to Irrevocability Rules – Mid-Year Changes	Same as Health Care FSA
Eligible Expenses	Medical care, as defined in Section 213(d) of the Internal Revenue Code, excluding (i) premiums for any health insurance plan, policy or contract, or (ii) long-term care expenses and (iii) any expense which has been reimbursed, or is reimbursable from any Expense must also be excludable from income pursuant to IRC Section 129. Expense must be incurred during the Plan Year and in a month during which a contribution is made. Expense must be incurred by Participating Employee or Eligible Dependent	Dependent care expenses for the care of an Eligible Dependent, limited to the household and dependent care services necessary for gainful employment as provided in IRC Section 21(b)(2) in accordance with IRC Section 129. [see www.asiflex.com for discus Expense must be incurred during the Plan Year and in a month during which a contribution is made. Expenses incurred in any month in which the Employee or Spouse is not gainfully employed are not eligible expenses.

Definition of “Eligible Employee”	The definition found in Colorado Revised Statutes 24-50-603(7), “Definitions,” as amended. Employee does not include persons employed on a temporary basis.	Same as Health Care FSA
Definition of “Eligible Dependent”	The spouse and each unmarried child or step-child of a participating Employee, or any other relative or household member whom the Participant may claim as a dependent for federal income tax purposes in accordance with IRC Section 152 for the Plan Year in	Same as Health Care FSA. An Eligible Dependent must also qualify as a “qualifying individual” as specified in IRC Section 21(b)(1) [may be claimed as a dependent on tax return]
Request for Reimbursement	Submit a request for reimbursement (claim form) and documentation. to ASI, P.O. Box 6044, Columbia, MO 65205-6044. Download from www.asiflex.com	Same as Health Care FSA Download from www.asiflex.com
Documentation Required	An Explanation of Benefits from Insurance Carrier, or an Itemized Bill from Health Care Provider that includes: *Patient Name *Date of Service *Amount of Charge *Description of Service *Provider Name and Tax ID *Additional information as may be required to adjudicate the claim (as determined by the plan administrator) .	Itemized Bill from Dependent Care Provider that includes: *Dependent Name *Date of Service *Amount of Charge *Description of Service *Provider Name and Tax ID *Additional information as may be required to adjudicate the claim (as determined by the plan administrator)
Continuation under COBRA	If on the date of the qualifying event, there is a positive balance in the account (contributions exceed reimbursements), Participant may apply for continuation under COBRA. Coverage under COBRA may be continued through the end of the Plan Year, subject	Not available.
Deadline for submission of reimbursement requests.	Complete claims must be postmarked not later than April 15 following the end of the Plan Year.	Same as Health Care FSA
Maximum Benefit	100% of a unreimbursed, eligible medical expenses, not to exceed Participant’s Annual Contribution for the Plan Year	100% of eligible dependent care expenses, not to exceed the balance available in the account at any given time.